

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City

St. Louis

(No. 4326

Chippewa

File No.

42806

Registered No.

12730

St.

Ward)

2. FULL NAME

(a) Residence. No.

4326 Chippewa

St.,

16

Ward.

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE

Friedericka Schake

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

March 15-1859

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day,hrs.

ormin.

72

8

28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Building Contractor

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

10. NAME OF FATHER

Henry Schake

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT

(Address)

Mrs. Friedericka Schake

4326 Chippewa Str.

15.

DEC 26 1931

FILED

May C. F. Fickler

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Dec 23rd 1931

17.

I HEREBY CERTIFY, That I attended deceased from June 2, 1931, to Dec 23, 1931, that I last saw him alive on Dec 23rd, 1931, and that death occurred, on the date stated above, at 1130 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Indigestion
118C (duration) yrs. 6 mos. 20 ds.

CONTRIBUTORY (SECONDARY)

Eating Pig's feet - rapidly - (duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Henry W. Schupf, M. D.

Dec 24, 1931 (Address)

R. L. O. B. Chippewa

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Our Redeemer

Dec 28 1931

20. UNDERTAKER

ADDRESS

Bidwiddie funeral home 1936 St. Louis Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

